Finance

PAYMENT FOR CIVIL AIR PATROL SUPPORT

CAPR 173-3. 30 May 2002, is supplemented as follows:

- 2a(1). In order for Texas members to be reimbursed promptly they shall:
- (a) Submit all claims to Texas Wing not later than 15 days after close of a mission.. (Counter Drug reimbursements will be sent to the Counter Drug Officer who will then forward approved 108s to Wing Headquarters for payment). Submit original CAP Form 108. The 108's will be signed in ink by the member incurring the expense. Copies of all CAPF 104's, 109's, or 84 's will be submitted with the 108.
- *NOTE: Regardless of whether or not a reimbursement claim is made, all pilots must submit all reimbursable mission flight time to Wing on a CAPF 108.
- (b) Reimbursement forms for AFROTC Orientation Flights must be received at Wing Headquarters by the fifth day of the month following the flight. This includes flights flown the last week of the month.
- 2a(2) Submit original fuel receipts only. The mission shall be started with a full fuel tank, refueled as necessary and filled at the completion

- of mission. Fuel costs shall be reflected on the CAPF 108. .
- (b) (added) Submit original lodging receipts for reimbursement of approved remain overnight missions. Members may share cost of rooms but individual lodging receipts are required with the name of each member on it. Reimbursement will be in accordance with approved per diem rates.

Do not staple receipts. Tape all receipts to 8X11 sheets of paper. Separate aviation fuel receipts from vehicle fuel receipts. Mission numbers name of member shall be on each receipt or receipt sheet.

- (c) (added) Texas Wing will send all reimbursements to the members unit. The unit name and mailing address in box 4 should reflect the mailing address for the unit. It is the unit's responsibility to promptly reimburse the member.
- (d) (added) All aircraft maintenance that is being waived must have a PO number from the Wing Commander or Vice-Commander.

//SIGNED// BOBBY R. THOMAS, Maj., CAP Administrative Officer //SIGNED// G. H. PARKER, Col, CAP Commander

Atch: Maintenance Payment Rates Sample 108

OPR: FM

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AIRCRAFT FLYING HOUR MINOR MAINTENANCE PAYMENT RATES EFFECTIVE 3 MAY 2002

Type 1	Type 2	Type 3	Type 4	Type 5			
\$22.00	\$30.00	\$32.00	\$42.00	\$47.00			
<130HP	130-199 HP	200-249 HP	250-299 HP	300 HP or >			
C150	C172-150	C172RG	C182RG	T182RG			
C152	C172-160/180/195	C172XP	T182	U206-300			
	C177-180	C177RG	C182-250	T206			
	Beech BE-23	C177-200	C182-265	C210-300/310			
	Husky	C182	U206-285	DH2 Beaver			
	Maule M-4/5/6/7-	Beech BE-33-225	C210-285	Piper PA-32-			
	180	Maule M-4-200	Beech A36-285	300/301T			
	Mooney M20-180	Maule MT-7-235	Beech BE 33/35-	Piper PA-32R-300			
	Piper PA-28-	Mooney M20-201	285	/301T			
	140/150	Mooney	Piper PA-32-260	Piper PA-32-300			
	Piper PA-28-	231/252TSE -210					
	160/180 /181 Piper Arrow-180	Piper Arrow- 200/201 /201T					
		Piper PA-28-235					

Notes:

- 1. Reimbursement rates have been established to encourage the use of economical, mission capable aircraft.
- 2. Use of member-furnished single-engine aircraft shall be approved in advance by the Wing/Region Commander or Director of Operations (Wing Counterdrug Officers/Region Counterdrug Directors and Wing/Region Directors of Emergency Services can be delegated this approval authority by the Wing/Region Commander).
- 3. Aircraft fuel, lubricants and de-icing payments are authorized for participation in Air Force assigned reimbursable missions and are in addition to the above rates (receipts required).
- 4. Corporate glider tow aircraft are reimbursed at the appropriate rate for their type classification. Reimbursement for non-corporate glider tows participating in the Cadet Programs Glider Flight Orientation Program will be based on the actual cost of the tow (receipts required).
- 5. Glider Flight Reimbursement will be on an actual cost basis until sufficient data is collected to determine an appropriate and accurate reimbursement rate. Submit receipts for all expenses incurred by each glider to NHQ CAP/LGM for payment or reimbursement. Major maintenance actions require a control number from NHQ CAP/LGM prior to repairs being accomplished. Major maintenance actions include: fabric replacement, glider repainting, interior work and avionics replacement. Submit receipts for these actions when repairs are completed. Submit all other maintenance expenses monthly. ORIGINAL RECEIPTS ARE REQUIRED FOR ALL PAYMENTS/REIMBURSEMENTS. Tail number accounting principles must be followed for gliders just as they are for powered aircraft.
- 6. These rates apply to corporate-owned aircraft. Member-furnished single-engine aircraft add \$10 per hour for normally aspirated engines and \$17 per hour for turbocharged engines.
- 7. Alaska, Hawaii, and Puerto Rico will increase these aircraft rates by 15% to offset the higher cost of living in these
- 8. To properly figure the reimbursement authorized, multiply the total number of hours flown times the rate allowed for the appropriate aircraft type classification to determine the amount reimbursed for aircraft minor maintenance. Add to the aircraft minor maintenance reimbursement, the total for actual fuel, lubricants and de-icing expenses. The sum of these amounts will then be multiplied by 15% (for CD missions only) to determine the administration, operation and equipment fee reimbursement. Add the sum of the aircraft minor maintenance reimbursement plus actual fuel and oil expenses to the administrative fee reimbursement (if applicable) to determine the "total" reimbursement. If a single-engine aircraft is not listed in any of the categories, determine the "Type" from the table above by the aircraft's horsepower (HP) or contact NHQ CAP/LGM at (334) 953-6032.
- 9. The use of all twin-engine aircraft, for any mission, requires prior approval from the wing/region and NHQ CAP/DO. Wing/Region Commanders (Region Counterdrug Directors for counterdrug missions) should send approved requests well in advance to doadmin@capnhq.gov. Once approval has been obtained from NHQ CAP/DO, the NHQ staff will determine the reimbursement rate and notify the wing/region in writing.

SUPERSEDES ALL PREVIOUS TXWG SUPPLEMENTS TO CAPR 173-3

OPR: FM

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STOP DATE: 3 Mar 02	353-1116	ESTIMATE OUTSTANDING	L. SUB-TOTAL CLAIMED		\$94.88										11. GRAND TOTAL \$ 94.88				2002		20		CGRANAL PENALTY FOR PRESENTING FRAUDULENT CLAM. THE OF NOT MORE THAN TEN THOUSAND DOLLARS ON WOT MORE THAN FIVE YEARS IN FRESON OR BOTH.	S) OPR/ROUTING: FM
STO BER L 36112 / 334	ESTIM	K. OTHER COST CLAIMED												10. OTHER \$				Sample Wing, Commander, 3 Mar 2002		LtC. Sample Wing LO, 3 Mar 2002		UDULENT CLAIM. DOLLARS OR NOT	ALL SIGNATORIES	
: 1 Mar 02	4. MAILING ADDRESS/PHONE NUMBER 105 S. Hansell St., Montgomery, AL 36112 / 334-953-1116	s	J. ADMIN (IF APPLICABLE)		\$12.38										9. ADMIN \$ 12.38	SIGNATURE AND DATE		SIGNATURE AND DATE	rple Wing, Com	SIGNATURE AND DATE	. Sample Wing	SIGNATURE AND DATE	PRESENTING FRAIN TEN THOUSAND	(SEE 18 U.S.C. 287.1001) (APPLICABLE TO A THIS FORM CANNOT BE MODIFIED
START DATE: 1 Mar 02	ING ADDRE Hansell St.,	PARTIAL	I. COMM COST CLAIMED												8. COMM \$	Sign			San	SIGN	CtC	NOIS	PENALTY FOR IOT MORE THA OR BOTH	S.C. 287.1001)
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1. MISSION NUMBER 02M0357TXA		☐ FINAL	G. AIRCRAFT IS COST CLAIMED	•	\$45.00										6. ACFT COST \$ 45.00	,	CERTIFY THAT THE AMOUNTS CLAIMED WERE FAID FROM MY PERSONAL FUNDS FOR PARTICIPATION IN THE LISTED USAF AUTHORIZED MISSION AND ACCURATELY REFLECT HOURS FLOWN, AUTOMOTIVE FUELOIL USED, AND/OR OTHER MISCELLANEOUS COSTS INCURRED	B. WING COMMANDER: I CERTIFY THE ABOVE EXPENSES ARE A DIRECT RESULT OF SUPPORT/FARTICIPATION IN THE ABOVE LISTED USAF AUTHORIZED MISSION.				E. MORD NUMBER	VLARS PLUS	PREVIOUS EDITIONS WILL NOT BE USED AFTER 31 AUGUST 2002.
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CAP PAYMENT/REIMBURSEMENT DOCUMENT FOR VIATION/AUTOMOTIVE/MISCELLANEOUS EXPENSE		rint or Type) (Plu	B. TYPE AIRCRAFT OR VEHICLE		Maule 180 HP											ONS	THE AMOUNTS CL CURATELY REFLI	NDER: BOVE EXPENSES		C. STATE DIRECTORDEPUTY STATE DIRECTOR, CAP-USAF LIAISON OFFICE. I CERTIFY THIS CLAIM IS TRUE AND PROPER FOR PAYMENT.		OVERNMENT OFF e, Mailing Address,	OR PRESENTING ANT SHALL FORFI E AMOUNT OF DA	4Y 02
CAP PAY AVIATION	2. TYPE MISSION ■ SAR/DR □ DEA/USFS	5. INVOICE (F	A. DATE		3 Mar 02											12. CERTIFICATIONS A. CAP MEMBER:	I CERTIFY THAT MISSION AND AC	B. WING COMMA I CERTIFY THE AL		C. STATE DIREC I CERTIFY THIS C		D. CAP-USAF/G Printed Name, Title	CIVIL PENALTY F THE CLAIM DOUBLE TH	CAPF 108, MAY 02

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